

SAAC - 44 DRIVER'S MEDICAL INFORMATION

DRIVER'S NAME _____ AGE _____ DOB _____

ADDRESS _____ RELIGION _____

PHONE No. _____ PHYSICIAN _____ PHONE No. _____

BLOOD TYPE _____ DATE OF LAST TETANUS SHOT _____

CURRENT MEDICATIONS _____

ALLERGIES _____

SPECIAL CONDITIONS _____

ILLNESS OR INJURY IN PAST 12 MONTHS? _____

CIRCLE ANY THAT APPLY TO YOUR HEALTH:

HYPERTENSION	YES	NO	DIABETES	YES	NO
CARDIAC	YES	NO	SEIZURES	YES	NO
HEMOPHILIAC	YES	NO	DENTURES	YES	NO
ASTHMATIC	YES	NO	CONTACTS	YES	NO
COPD	YES	NO	PREGNANT	YES	NO
EPILEPTIC	YES	NO	I.U.D.	YES	NO
PARAPLEGIA	YES	NO	OTHER	(PLEASE EXPLAIN)	
DSB	YES	NO	_____		

CAR YEAR _____ MAKE/MODEL _____

COLOR _____ LICENSE/STATE _____ CAR No. _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS _____ PHONE No. _____

_____ AT TRACK: YES NO

ALTERNATE CONTACT _____ RELATIONSHIP _____

ADDRESS _____ PHONE No. _____

_____ AT TRACK: YES NO

NOTE: IN THE EVENT OF AN ACCIDENT ALL DRIVERS MUST BRING THEIR HELMET WITH THEM TO RACE MEDICAL

EACH DRIVER: COMPLETE THIS FORM AND BRING TO TECH INSPECTION